VIRTUAL PRIMARY CARE

New Site Orientation

VIRTUAL PRIMARY CARE
Training: New Sites

Contents

Service Summary

Virtual Primary Care (VPC) aims to address gaps in primary care access by supporting in-person care at Primary Care Clinics and Urgent and Primary Care (UPCC) Centres. Using virtual care technology, the Profile EMR, and support from on-site staff, VPC providers offer episodic primary care services to patients who present at select IH Primary Care sites.

Patients arrive at an IH Primary Care Clinic or UPCC. If their clinical presentation is deemed appropriate for virtual care (determined by an RN in triage or per pre-established VPC guidelines), the patient will be offered a virtual appointment. Prior to the appointment, an RN completes a focused assessment, including vitals and POC tests, and documents the information in a Profile encounter note. The RN uses Microsoft Teams to message the provider that the patient is ready for their appointment.

An RN or MOA sets the patient up in an assessment room with a Zoom cart or Standardized Clinical iPad (SCIP). An RN or MOA continues to be available to the provider for further assessments and/or to provide local information on services, resources, and referral processes. Providers can print forms and prescriptions to the site for patients to pick up. The care provided will be documented in Profile to support continuity of care and communication with the larger primary care team.

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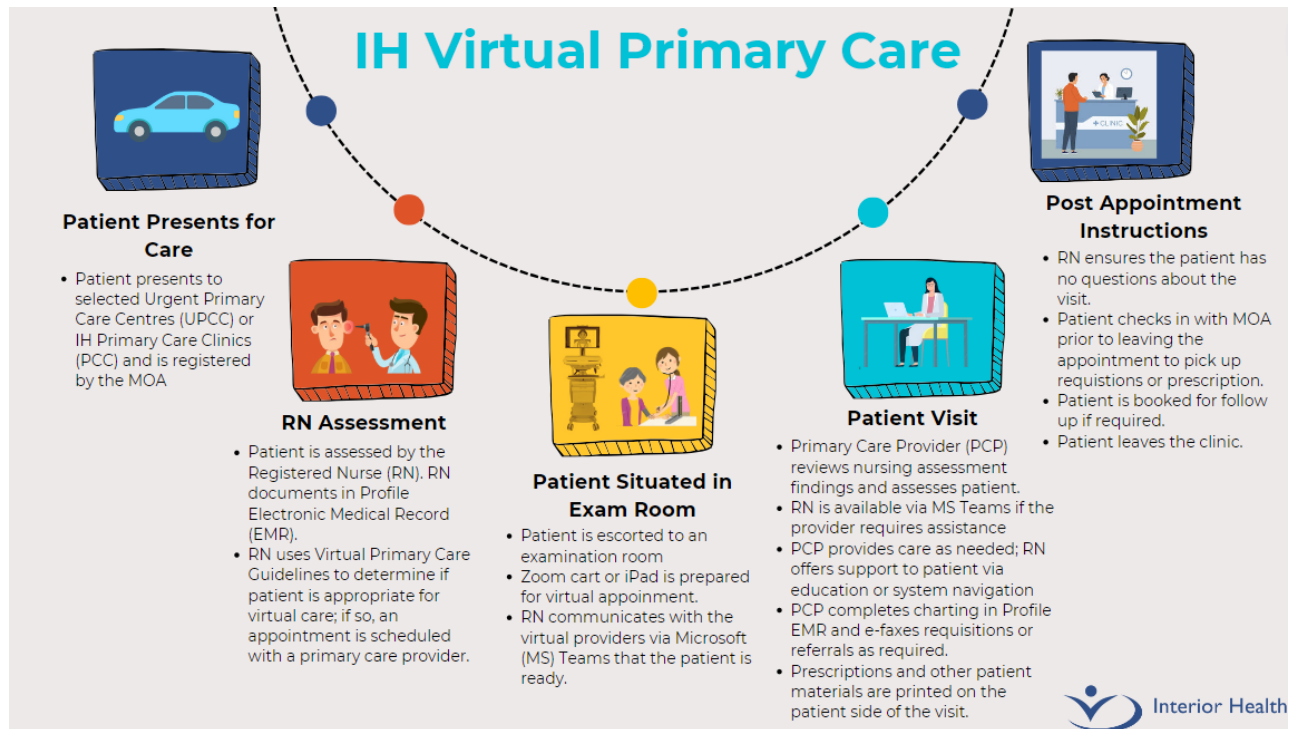
Technology Basics

TECHNOLOGY	DESCRIPTION	PRACTICE
Zoom	Videoconferencing platform used to provide video visits.	Each provider is given an IH Zoom account. Each site uses either a Zoom Room cart or Standardized Clinical iPad to access the video visit
Profile	Enterprise EMR used in primary care clinics and UPCCs, OAT and iOAT sites in IH.	Providers will be given access to your site's place of service.
MS Teams	Collaboration tool used for communication between providers and IH site.	An MS Teams workspaces will be created to support VPC.
DH Tools	Digital otoscopes and E-stethoscopes	We will be piloting the use of these devices at a few test sites.

Virtual Care Guidelines

Determining what is appropriate for virtual care can be challenging. The follow list provides some guidance, though it is not exhaustive. Clinical judgement, clinical context, and patient preference should guide decisions about the suitability of virtual care.

It is important to set patient expectations. Please advise patients that the virtual assessment may uncover concerns that require an in-person follow-up.

NOT VIRTUAL CARE APPROPRIATE	VIRTUAL CARE APPROPRIATE
Emergencies including Mental Health	Minor sprains, cuts, burns (no sutures)
New significant symptoms requiring in-depth physical assessment diagnosis and treatment	Urinary, sinus and minor skin infections
Unstable vital signs and/or irregular heart rate	Ear or throat pain with proper RN assess
New onset/severe chest pain	Red/sore eye **without** injury or foreign body
New onset/severe shortness of breath	Minor musculoskeletal conditions
Neurological conditions incl LOC or hx of syncopal episodes	Minor mental health issues
New-onset or severe (>6/10) abd/GI symptoms	Sexual health screening and treatment
High risk/high energy MSK injuries	Prescription refills
Foreign body in the eye or eye injury	Completion of many forms (e.g., WCB, sick note) *if* the required assessment can be completed
Prenatal exams	Review lab and diagnostic imaging results
Neonatal (less than 28 days) assessments	
Driver's medicals due to visual assessment	
No ADHD prescriptions/diagnosis	

MAY OR MAY NOT BE VIRTUAL CARE APPROPRIATE*

Pediatric patients under 2 years old

The VPC provider and RN can discuss a clinical case to determine the best options.

RN DUTIES AND RESPONSIBILITIES

An initial RN assessment must be completed *before* the provider visit and **must include**:

- ✓ Temp, pulse, BP, SPO2, respirations (**Adults and Pediatrics**)
- ✓ Weight (**Pediatrics and Chronic Disease Patients**)
- ✓ Focused assessment of chief complaint (OPQRST)
- ✓ Applicable health history including allergies and Pharmanet (SAMPLE)
- ✓ Substance use questions (tobacco, ETOH, cannabis and other)

Additional assessments based on clinical presentation may be required:

- ✓ Urinalysis, Blood glucose, other POCT (based on availability)
- ✓ Clinical observations and body language assessments
- ✓ Auscultation (i.e., lungs, heart, abdomen)
- ✓ Palpation
- ✓ Inspection including use of *otoscope* or uploading *photos* to Profile with patient consent
- ✓ Assessment tools (i.e., GAD-7, PHQ-9, Centor Score)

While not every visit will require an RN presence at a minimum you are required to support the patient set-up to ensure the patient and the provider can communicate effectively. You must then be reachable if additional assessments or information regarding local processes or referrals is required.

If it is clinically relevant or if your site has decided to have a nurse consistently present, your responsibility is to provide at the elbow support to improve the efficiency of the provider visit:

- ✓ Consent from the patient for your presence
- ✓ Assist with virtual assessment procedures
- ✓ Use of digital assessment tools (e.g., otoscope or e-steth)
- ✓ Anticipate patient/providers' needs for assessments, forms, referrals
- ✓ Complete forms and find referrals
- ✓ Write out patient instructions
- ✓ Learn from the provider about PC assessments

Basic Workflow

Start of Your Virtual Shift

Preparation:

- Check the provider's schedule in Profile.
- Ensure the virtual care (VC) cart is plugged in, charged, and in the appropriate location.
- Select the appropriate MS Teams workspace.
- Respond to the daily post or start a new post if needed.

Arrange the Morning Huddle:

- Message the provider on Teams 5-10 minutes before the first appointment to arrange a morning Zoom huddle.

During the Huddle:

- Verify that the audio and video are working properly on the Zoom Cart.
- Ask the provider to print a test page to the printer.
- Discuss the plan for the day and address any questions.
- Touch base on the following:
    - Provider coverage over the next day or two.
    - Available allied health staff/services.
    - Any staffing or site updates.

Additional Tasks:

- If your site uses the virtual provider to review unsigned transactions and tasks, ensure this has been included in the schedule as a non-patient booking.
- The pre-shift huddle ensures that virtual care equipment is working correctly (e.g., camera, lighting, audio) and supports communication between staff, fostering an understanding of current conditions at the IH site.

Patient Presents to IH Site

Patient Bookings

- Appointments can be pre-booked or walk-ins, depending on patient volumes and site requirements.
- Patients are registered by the MOA according to your usual processes (i.e., Meditech/Profile).
- MOA to add Pharmanet to Profile under Documents
- The goal is **three** appointments per hour.

- The VGP/VNP (Virtual Provider) will be booked for 15-minute appointments. The VRN (RN supporting) gets a 5-minute appointment. If more time is needed, please book a longer appointment length (i.e., mental health, complex primary care assessments).

Nursing Assessment

The RN will complete a focused assessment of the patient prior to the appointment, including but not limited to:

- Temperature, pulse, BP, weight, SPO2, respirations
- Urinalysis, blood glucose, and other POCT (dependent on availability)
- Auscultation (i.e., lungs, heart, abdomen)
- Palpation
- Inspection, including use of an otoscope or uploading photos to EMR
- Assessment tools (i.e., GAD-7, PHQ-9, Centor Score)
- Clinical observations and body language assessments

Document the nursing assessment clearly and concisely in an Encounter note (consider using typing templates and/or Clearly Triage).

When finished charting, end the encounter process and mark the patient as ready for the provider. If you cannot open a chart, ensure the provider has not left the chart open after previewing it prior to the appointment.

Send a Teams message in the workspace to let the VPC provider know that the patient is ready. For example: "E.D. is ready anytime. She stubbed her toe 1.5 weeks ago and it is still painful, but there are no signs of infection."

Provider Appointment

The VPC provider will call the Zoom Cart or SCIP. The RN accepts the Zoom call on the Zoom Cart or SCIP. The RN may stay in the room to assist with the assessment or at the patient's request. It may be more efficient if they leave the room during the appointment to start the next assessment or complete education or follow-up care from the previous appointment. An RN or MOA must be available via MS Teams to return to the room to support the assessment process, discuss local resources, and provide patient support.

VPC Provider

- Confirms patient ID and consent.
- Ensures everyone can hear and see each other.
- Ensures privacy (door closed).
- Considers virtual etiquette.
- Completes requisitions, prescriptions, and forms.
- Ensures all requisitions have been copied to the clinic.
- Completes billing (billing codes).
- E-faxes or prints to the site printer.

The VPC provider and RN/MOA work together to complete additional assessments, arrange for local follow-up, provide patient education, and complete forms.

The RN or patient can end the visit (End meeting for all). To ensure privacy is protected, end the meeting for all between each patient appointment.

End of Appointment

Patients can pick up paper requisitions, letters, and forms, and make follow-up appointments prior to leaving the site. The VPC provider and RN/MOA can continue to collaborate in the MS Teams workspace chat.

End of Shift Huddle

Send a Teams chat message to arrange a quick end-of-shift huddle. Discuss any questions that came up, give feedback, and tie up any loose ends. This can be completed in a Teams chat if no issues or concerns need to be addressed; however, it can be a good opportunity to build rapport.

Roles and Responsibilities

Registered Nurse

Focused, primary care nursing assessments including but not limited to:

- Vitals signs (Temp, BP, RR, Pulse, SPO2, Weight)
- Visual examinations including ears and throats (possibly uploading photos to EMR)
- Auscultation (i.e., heart, lung and abdomen)
- Palpation
- Clinical observations and body language assessments
- POC test, if available
- Patient assessment tools (i.e., PHQ-9, Centor score)

Other responsibilities:

- Communicate with the VPC provider regarding site services, and local referral processes and resources
- Explain the VPC provider process and set expectations with patients
- Support patients with technology and communicating with the VPC provider
- Ensure patients understand the care plan and follow-up prior to discharge
- Patient education
- Clear, timely, focused documentation of nursing assessments
- Clear and respectful communication with the VPC provider via MS Teams and phone
- Support an efficient workflow to maximize provider time and limit wait times
- Review and prioritize unsigned transactions and notify the VPC provider of results that need urgent follow-up, if applicable

- Provide feedback to VPC staff
- Other tasks related to supporting the VPC provider to provide quality care to the patient

MOA

Provide support services to assist with coordinating care between the RN, VPC provider and patient:

- Support scheduling of the VPC provider including creating appointment rules in Profile and communicating with VPC staff regarding demand for VPC provider shifts
- Add Pharmanet to Document section of Profile
- Provide information to the VPC provider regarding local resources and referral processes
- Support the management of requisitions, forms, letters, prescriptions
- Arranged follow-up care and appointments
- Clear and respectful communication with the VPC provider via MS Teams and/or phone
- Other tasks related to supporting the VPC provider and the RN to provide quality care to the patient

Depending on the site, the MOA may also:

- Connect the patient and the VPC provider on the VC equipment
- Support communication between the RN and VPC provider

VPC Provider

Provide episodic VPC primary care services including:

- Assess clinical needs using medical history, nursing assessments, and virtual care assessment techniques
- Lab and Imaging requisitions
- Forms and letters
- Prescriptions
- Referrals
- Complete documentation in Profile
- Collaborate with on-site staff to best support patient care including local referral processes and resources

Other responsibilities:

- Manage unsigned transactions and ALL Practitioners or UPCC Practitioners tasks, if applicable

- Support RNs with primary care assessment skills and virtual care processes
- Communicate with on-site staff via MS Teams and phone
- Trial new digital health equipment and process and provide feedback
- Provide feedback to UPCC and clinic sites and VPC program staff with regards to patient care, nursing assessments, workflow efficiencies, virtual care processes, and areas for improvement

## Virtual Primary Care Workflow Considerations

- If the VPC provider is responsible for reviewing unsigned transactions (results) and Provider Tasks, block off 30 mins as a NPB (Nonpatient booking) for these tasks. This time is often assigned in the morning but is flexible given the needs of the site.
- If the provider will be seeing patients first thing, the TL or RN should review the unsigned transaction inbox to understand how my results need to be dealt with and to ensure there are no pressing results that need a timelier follow-up.
- VPC physicians do not get paid breaks but may need some time blocked if they are working a longer shift or working at more than one site. You can make arrangements during the morning huddle.
- VPC NPs require a one hour scheduled break during a 7.5-hour shift. This may be taken at one time or broken into one- 30 min break and two 15 min breaks depending on site needs.
- The goal is 3 patient visits per hour. You may need to schedule a mix of pre-booked and walk-in visits to meet this goal. We recommend starting with 5 min VRN visits and 15 min VGP visits (Total=20 mins). The typical ratio is 2 pre-booked (Generic) and 1 Walk-in visits per hour. If you anticipate an appointment taking longer than 20 minutes, please adjust the appointment times to accommodate (e.g., mental health or complex primary care assessments). You will also need to consider the site's average rates for no shows and cancellations. If the provider is running ahead of schedule, you may be able to double book a visit. Please speak with the provider before double booking.
- When you have a new VPC provider starting at your site, it is recommended to block off the first patient appointment to allow the VPCA provider and site staff to meet up and run through the workflow to ensure that everyone has access to the MS Teams channel and Zoom Contact and the provider can print on the local printer. This is also a good time to share information about your site with the provider.
- Check that requisitions are copied to the appropriate site for follow-up (**Copy to Clinic**).

- Advice the VPC provider if prescriptions, lab or DI requisition are to be printed for the patient to pick-up or e-faxed. We recommend e-faxing prescriptions as it allows the on-site staff to re-print for up to 7 days.

Profile

Appointment Bookings

VPC appointments are typically 20 minutes long which includes a 5-minute Virtual Nursing Consult appointment and a 15-minute walk-in or booked Virtual GP/NP appointment.
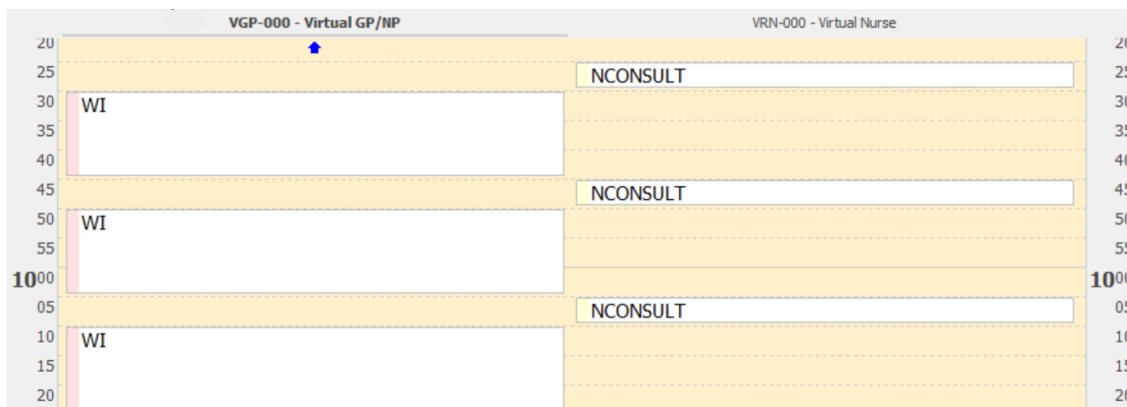

After booking the virtual RN appointment, you can copy the virtual RN appointment to the corresponding virtual GP/NP appointment.

The appointments are staggered to ensure a nursing assessment precedes the provider's appointment and to allow both practitioners time to complete the necessary documentation.


Arriving the Patient for the VPC Provider

As a reminder, the RN will need to **close** the patient encounter/chart prior to **arriving** the VGP appointment to ensure that the provider can edit the patient chart.
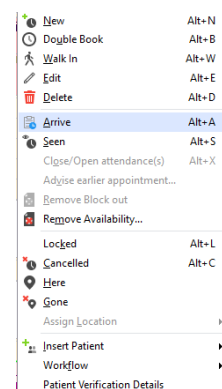
Unsigned Transactions

To view the unsigned transactions:

1. From the Work Centre
2. Click on Unsigned Transactions
3. Select the appropriate filters for your site.
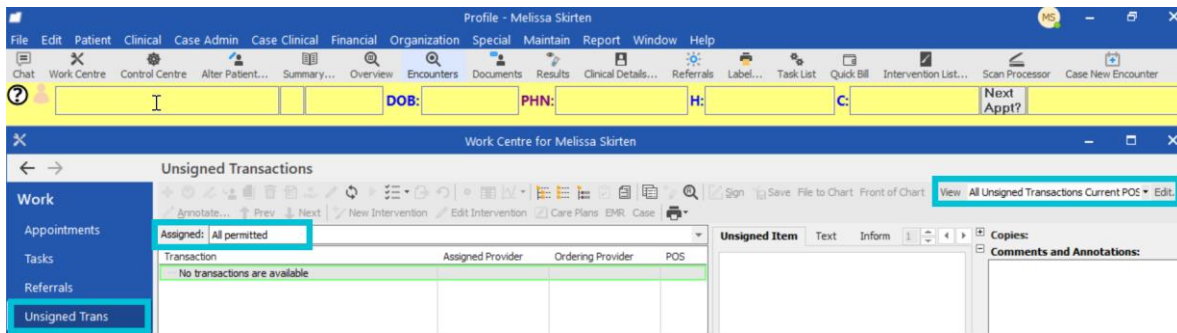
Additional Profile Resources

Uploading a photo to Profile:

A photo must be taken on an IH phone (Team Lead or Manager) for a patient. Once the photo has been uploaded to the patient's chart, the photo is to be deleted immediately.

You can email the photo to the clinic email address to be saved in the **Scanned Document** folder.
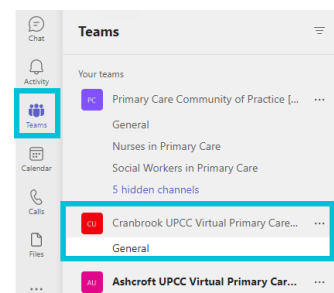
Scanning Processor:

[Patient Documentation - Scanning - Matching scanned documents and related instructions](#)

Select the Appropriate VPC MS Teams Workspace.

Open MS Teams
1. Click on Teams
2. Scroll to find the site you are working at.

This workspace is used to initiate discussions, provide quick summaries, discuss patient care plans, make or follow-up on requests, etc.
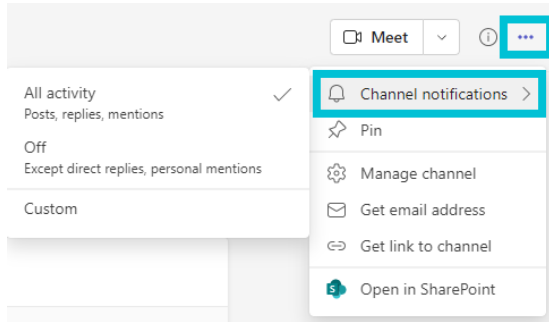

If you cannot locate the MS Teams workspace, email VirtualPrimaryCare@interiorhealth.ca

Personal information should **not** be included in these conversations. Please use patient initials only!
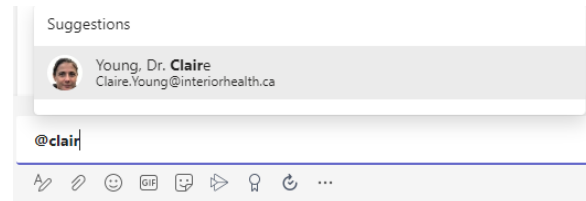
To turn on notifications for a channel, click on the ellipsis in the top right-hand corner.

Select **Channel notifications**.

Click on **All activity** or **Custom**.

To tag an individual in a conversation, in the chat type **@** and then start to type the name of the individual and click on the name.
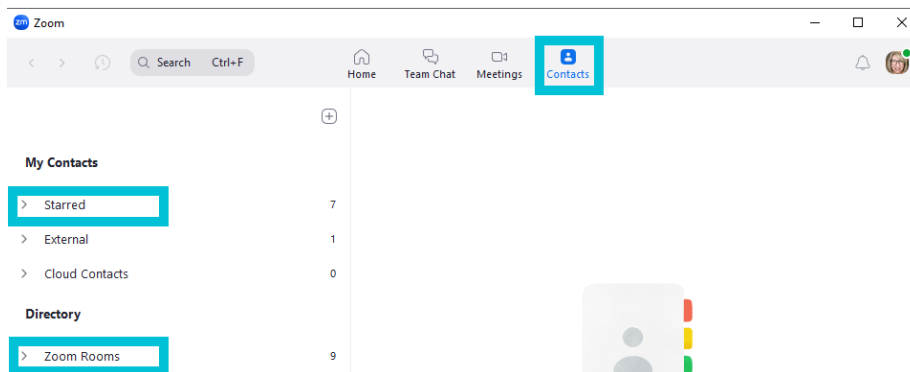

Zoom

To optimize patient privacy, IH Zoom for Health Care account must be used for patient care.

Depending on which site you are working at, different virtual care carts may be in use.

Each Zoom Room Cart or SCIP has a name that can be added to the VPC providers' Zoom Contacts.

You are responsible for the video part of the patient appointment please ensure the cart is plugged in/charged, in working order, to answer the call from the VPC provider, and to adjust the volume and/or camera, and to ensure the cart is cleaned between patients.

To open Zoom on the SCIP:
- Tap the screen and swipe up
- Enter in the SCIP passcode (123456)
- Click on the Zoom icon

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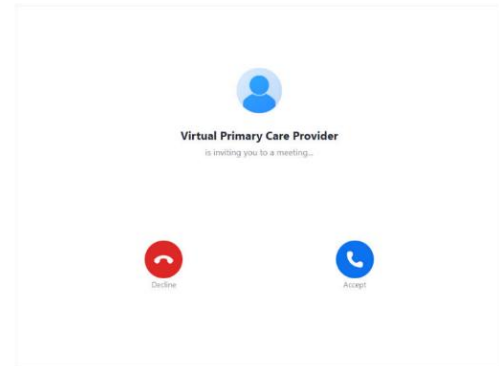**To answer a Zoom Call on the SCIP**:
- When the iPad rings, click on **Accept.**
- Click **Join.**

To answer a call from the SCIP that hasn't been logged into:
- Accept the call (slide to answer)
- Enter in the SCIP passcode (123456)

To accept a Zoom Call on the Zoom Room Cart:

- Tap **Accept** on the controller.

Cleaning and Disinfecting Equipment:

- Immediately after use (between clients)
- Routinely (as scheduled)
- When visibly soiled
- Before storage
- Before sending for repair

1. Clean and disinfect cart surfaces, touch screens, and buttons with IH approved disinfectant wipes.
2. When visibly soiled, wipe computer monitors with a dry microfiber cloth.
3. Use a lens cleaning tissue to clean video conference camera lens.

Note: Do not use bleach or sprays.

Helpful Tips

- **VRN Appointments:** These are typically booked for 5-10 minutes and are staggered with the VGP appointment (e.g., VRN at 10:00, VGP/NP at 10:05).
- **Charting:** Depending on your site, you may not use the VRN column to avoid double charting. Ensure there is a place for the RN to chart and add to their charting if the virtual provider requires additional assessments or tests.
- **VGP Appointments:** These are typically booked for 15 minutes. If you anticipate needing more time (e.g., for Mental Health appointments), please increase the appointment length. Keep in mind that the goal is three visits per hour.
- **Double Booking:** If a provider is ahead of schedule, you may double book them. Check in with them to ensure they have not allotted that time to call a patient, handle unsigned transactions, catch up, etc.
- **Phone Appointments:** Providers are encouraged to book phone appointments if they plan to call patients regarding unsigned transactions.

- **Review of Unsigned Transactions:** If you require providers to review unsigned transactions, block off ½ hour of non-patient booking at a convenient time (e.g., first thing in the morning).
- **NP Breaks:** NPs require one hour of breaks, typically taken in one-hour blocks but flexible depending on site needs. Please discuss with the provider.
- **GP Breaks:** GPs do not get paid breaks but may appreciate a ½ block for shifts longer than four hours. Please check in with them.
- **Schedule Flexibility:** Non-patient bookings and lunch breaks can be moved around to accommodate patient flows. Communicate with the provider regarding schedule changes.

Quick Reference and Resources

Virtual Provider Morning Huddle.pdf

Steps to Access PharmaNet.pdf

VPC Nurse Process.pdf

VPC Guidelines.pdf